	PATENT	APPLICATIO Effect	Application or Docket Number 10/759/32 50/95-41/										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER SMALL		
TOTAL CLAIMS			11					RATE FEE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			// minus 20=		· 0			XS 9=		OR	X\$18=		
INDEPENDENT CLAIMS			9_ minus 3 =		· O			X43=		OR	X86=		
ML	LTIPLE DEPEN	NDENT CLAIM PI	REŠENT						+145=		OR	+290=	
* jf	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	I	TOTAL		OR	TOTAL	725	
andt CLAIMS AS AMENDED - PART II								10174	- 1		On	OTHER	THAN
8	-1805	(Column 1)	•			(Column 3)	SMALL ENTITY			OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 10	Minus	- 2	0	= —		X\$ 9=			OR	X\$18=	
AME	Independent	. 2	Minus	··· 3	3	=	ı	· X43=			OR	X86=	
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM			+145=	1	•	00	+290=	
							L	TOTA			OR	TOTAL	
		(O-1 4)		(0-1:	· 0\	(Cal 8)	A	ODIT. FE	EL		OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colun		(Column 3)	lr		_	ADDI			ADDI
IENT B	<u>:</u>	REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	•	=		X\$ 9=			OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAIM	=		X43=			OR	X86=	
	. mor raede	MANUA OF MIC	LIFE OCF	F14DC141	- CONTINI		' [+145=	T	<u>, </u>	OR	+290=	
							^	TOTA DDIT. FE			OR ,	TOTAL ADDIT, FEE	
	•	(Column 1)		(Colum	nn 2)	(Column 3)	. ^				•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	*	Minus	**		=		X\$ 9=	Ī		OR	X\$18=	
E E	Independent	•	Minus	***		a	-	X43=	\dagger			X86=	
٩	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDENT	CLAIM		-	7,40 <u>-</u>	+		OR	700-	
+145=											OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OTAL ADDIT. FEE ON TOTAL ADDIT. FEE													
1	he *Highest Num	iber Previously Paid	For" (Total or	Independe	nt) is the	highest number	r four	ıd in tḥ a	ppr	opriate box	in coli	umn 1.	